



State of New Jersey

Department of Environmental Protection
Water Supply Operations – Bureau of Safe Drinking Water
PO Box 426 • Trenton, New Jersey 08625-0426
Tel # (609) 292-5550 – Fax # (609) 292-1654
www.state.nj.us/dep/watersupply

INSTRUCTIONS and EXAMPLES

FOR THE

NITRATE/NITRITE REPORT FORM

(BSDW-52)

Instructions for completing the nitrate/nitrite report form (BSDW-52):

All fields are required.

PWSID: Provide the correct Public Water System ID, e.g. NJ0714001. Do not put any additional information in this field. A form submitted without a PWSID will be returned.

Water system name: Provide the actual name of water system. Do not enter a consultant or client name in this field.

State facility code: This is the state facility code (e.g. TP001001, WL001001, etc.) which represents the facility from which the sample was taken. Do not submit the form without this information.

Sample point ID: This is the sample point ID (e.g. TP001001, WL001001, etc.) that is associated with a state facility code which represents the point at which the sample was taken. Do not submit the form without this information.

NOTE: Currently, for nitrate, the state facility code and the sample point ID are the same.

Sample type: Prepopulated with RT (routine). **NOTE:** Confirmation samples must be submitted with sample type RT. This, however, may change at a later date.

Sample collection date: Enter sample collection date; format: MM/DD/YYYY

Contaminant: In the box, write the SDWIS code for the specified contaminant:

Possible choices:

1038: total nitrate/nitrite

1040: nitrate

NOTE: If you report a total nitrate/nitrite result, SDWIS will calculate a nitrate result (with or without a nitrite result) for compliance.

Compliance: This field specifies whether the sample reported is for compliance purposes. Any samples collected for reasons other than compliance should be reported as “N”.
NOTE: This field does not relate in anyway to whether a result exceeds an MCL; a sample with a result of 13.5 mg/L is a sample taken for compliance.

Possible choices:

Y: yes; this sample is for compliance purposes

N: no; this sample is not for compliance purposes

NJ Lab ID: Provide the laboratory certification number for the lab performing the analysis. Do not report the ID number for the lab collecting the sample. If the lab is not in New Jersey, the first two characters of the ID are the abbreviation of the state, e.g. PA999, not 77999.

Lab name: Provide the name of laboratory performing the analysis. Do not report the name of the lab collecting the sample.

Lab sample number: This must be a unique alphanumeric number the laboratory uses to track a sample. If the sample is sent to a subcontracting lab, this number must be the number associated with the lab conducting the analysis and not the lab collecting the sample. Maximum number of characters: 20

Analysis start date: Enter analysis date; format: MM/DD/YYYY

Analysis method: Report the analytical method, e.g. 4500-NO3E

Result: Report the analytical result. **Do not report “ND” or zero.** Results below the MDL should be shown as <MDL, e.g. <0.50.

Certification:

Whoever completes the form must sign and print their name, affiliation, phone number and e-mail. This information is critical so that the Bureau can contact that person should there be a problem. The lab conducting the analysis is not required to certify the form; the person preparing the form may be the certifier. All pages must be signed.

NOTES

Be sure all fields are filled out correctly as incomplete forms will be returned. Forms should be mailed to the address at the top of the form.

If you have any questions or need assistance filling out the forms, please contact Jonathan Meyers at the Bureau of Safe Drinking water at (609) 292-5550 or jonathan.meyers@dep.state.nj.us

Nitrate/nitrite Report Form Example

BSDW-052 (06/06)

Department of Environmental Protection
Water Supply Operations – Bureau of Safe Drinking Water
PO Box 426 • Trenton, New Jersey 08625-0426
Tel # (609) 292-5550 – Fax # (609) 292-1654

DRINKING WATER ANALYSIS- NITRATE REPORT FORM

FOR OFFICE USE ONLY

All fields are required. (See instructions for further information.)

Water System Name: Smithville Water Co.

PWSID: NJ2199999

THE SAMPLE(S) MUST HAVE BEEN COLLECTED AT THE POINT-OF-ENTRY (POE) (AFTER TREATMENT, IF APPLICABLE); IF A SYSTEM CHOOSES TO REPORT A SAMPLE COLLECTED AT ANOTHER POINT, REPORT COMPLIANCE AS "N". DO NOT REPORT A RESULT AS "ND"; SHOW REPORTING LEVEL OR MDL, e.g. <0.01

State facility code (e.g. TP001001):	TP001001	TP002002		
Sample point ID (e.g. TP001001):	TP001001	TP002002		
Sample type*:	RT	RT	RT	RT
Sample collection date:	4/16/2006	4/16/2006		
Contaminant:** (write in: 1040=nitrate or 1038=total nitrate/nitrite)	1040	nitrite (1041)	1040	nitrite (1041)
Compliance (Y/N):	Y		Y	
NJ Lab ID:	99999		99999	
Lab Name:	Smithville Lab		Smithville Lab	
Lab sample number:	12345-01		12345-02	
Analysis start date:	4/17/2006		4/17/2006	
Analysis method:	300.0		300.0	
Result (mg/L):	Sign (<) < 0.1	Sign (<) < 5.4	Sign (<) < 5.4	Sign (<) < 5.4

*Confirmatory samples must be reported as RT (routine).

**nitrate: SDWIS code 1040; nitrite: SDWIS code 1041; total nitrate/nitrite: SDWIS code 1038.

Prepared by: ___Owner/Operator _x_Analytical Lab ___Consultant/Other/Reporting Lab (show affiliation below)

E-mail: jsmith@smithvillelab.com

Phone No. (856) 555-5555 x 123

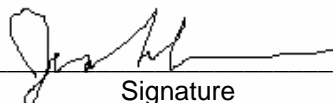
I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Jim Smith

Name of preparer/certifier

Smithville Lab

Affiliation


Signature

4 /20 /2006

Date